



**APPLICATION FOR LICENSURE AS AN
UNARMED PRIVATE INVESTIGATOR**

BUSINESS AND PROFESSIONS DIVISION
PUBLIC PROTECTION UNIT
PRIVATE INVESTIGATOR SECTION
PO BOX 9048
OLYMPIA, WA 98507-9048
(360) 664-6611
FAX: (360) 570-7888

☐ **New Applicant \$150.00**

☐ **Transfer/Rehire \$25.00**

(in addition to renewal fee, if due)

Make remittance payable to State Treasurer

Send this application with your remittance to:

**Department of Licensing
Public Protection Unit
PO Box 9048
Olympia, WA 98507-9048**

FOR VALIDATION ONLY

001-070-299-0013

Applicant Information

Please type or print clearly and sign on page 2

Last Name		First Name		Middle Initial	Date of Birth
Residence Address (Number and Street)					
City		State	Zip	Home Telephone ()	
<input type="checkbox"/> U.S. Citizen		<input type="checkbox"/> Resident Alien		Social Security No. (Required per RCW26.31.150)	
				Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Business Name			Company Lic. No.		Company Lic. Expiration Date
Business Address (Number and Street)					
City		State	Zip	County	
Business Telephone No. ()		Fax No. ()			

Certification of Preassignment Training/Testing

This is to certify that _____ has
Print Applicant's Name
 successfully completed the preassignment training and testing requirements as outlined in WAC 308-17-300. Incorrectly answered questions were reviewed with the applicant and the test results have been verified and signed by me.

X _____
Signature of Certified Trainer *Printed Name of Certified Trainer*

 Date _____ Certified Trainer Lic. No. _____ Certified Trainer Lic. Expiration Date _____

Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been found guilty of divulging confidential information obtained in the course of an investigation to which you were assigned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been found guilty of making a material misstatement or omission in the application for or renewal of a license or firearms certification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk that a person could have been harmed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been found guilty of accepting employment that was adverse to a client or former client as it related to confidential information you obtained in the course of your employment by the client? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of any act involving unethical or immoral behavior? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had a private investigator license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever held a private investigator license in any other state or jurisdiction? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____) | <input type="checkbox"/> | <input type="checkbox"/> |

If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2 ►

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6611 or TTY (360) 664-8885.

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.



Please provide one clear set of fingerprints with the application.

Certification *mandatory signature*

I, _____, certify that the information
Please Print Name (First, Middle, Last)
provided in this application and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private investigator license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my applicant pursuant to Chapter 18.165 RCW .

X

Signature of Applicant (First, Middle, Last)

Date

Authorization *voluntary signature*

I, _____, voluntarily authorize the
Please Print Name (First, Middle, Last)
Department of Licensing to release any and all criminal history information so obtained to my employer, or to my prospective employer.

X

Signature of Applicant (First, Middle, Last)

Date

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**